

Editorials

America's Ways of Doing Things

WE IN THIS NATION have the best health care and probably the highest standard of living in the world. Even what we call poverty bears no resemblance to the poverty to be found in many other places. This standard of living and this quality and availability of care have been achieved by changing many of the earlier American ways of doing things. In a word, as things became more complicated it was found that the earlier *laissez faire* ways of doing things did not work well enough. In fact the *laissez faire* system finally broke down and this resulted in 1929 in the Great Depression. At that time the people turned to the federal government and demanded that it do something. This change in emphasis was accomplished by the national election in 1932 which was followed by the federal interventions of the Roosevelt era and the growth of the role of the federal government in American society which continues even under the present administration. In retrospect this was a dramatic shift away from what had been the traditional American way of doing things.

The extraordinary progress in medical science and technology since World War II soon began to cause things to become complicated in health care, as they had previously in society generally, and again the people turned to the federal government. What is now often called the health care industry has come to be the most regulated industry in the nation. Again this occurred because the problems had become too complex and the traditional *laissez faire* approach to health care did not deal adequately with them. And this too was a dramatic shift away from what was the case in the earlier less scientific and less technological era of patient care in this nation.

This dramatic shift from private responsibility to public responsibility for solving complex problems may not at first have been fully recognized for what it is. In any event the results are beginning to become more obvious. The tools that government has to solve problems are laws, regulations that have the force of law, and money which it raises through taxes, by borrowing or by simply printing it. These tools have been used in the fullest measure for almost half a century and now the extent of their use has in turn become a major part of the problem. And as power has become more centralized in government, the people have formed themselves into hundreds if not thousands of special-interest groups, every one of which, by definition, must be a minority. The pressure exerted by these often opposing groups and the complexities of often conflicting laws and regulations can actually paralyze government decision-making and thwart effective action in the majority or public interest. In essence the evidence is accumulating that many of the problems engendered by our standard of

living and the quality and availability of our health care will never be solved by reliance on government. It may be that the time is coming for another dramatic shift in America's ways of doing things. Neither the traditional *laissez faire* approach nor reliance on centralized government seems to work well enough.

Perhaps it is time to return at least some of the problems to the people for solution by negotiation and agreement among those most directly involved. This could be done in communities or, where appropriate, in regions or even nationally. This will result in some unevenness in the solutions, but in health care at least the solutions offered by government have led to unevenness and certainly to something less than equality. In a sense this could be a return to the earlier American concept of the town meetings where decisions were made and problems dealt with by consensus and agreement among those most directly involved and in terms of the resources available to the community from whatever source. It is interesting to note that health care now pervades almost every element of American society and has become an integral part of our standard of living. It has been found that neither *laissez faire* nor the regulatory approach—nor even government money—has been able to cope adequately with its problems or develop truly lasting or satisfying solutions. It would seem that health care, pervasive as it is throughout our society, could begin to lead the way for what must sooner or later be another dramatic shift in the American way of doing things. Physicians are a minority in health care, and the health care industry is a minority component of the American standard of living, but we are a relatively organized minority with a broad base in American life, and we are among the first to recognize that while some things are best left to *laissez faire*, and that some things in a complex interdependent society are best regulated by government, there are yet some things that are showing themselves to be beyond the ability of either approach to deal with successfully. Health care, in many of its aspects, is surely one of these. Perhaps it is time for the ball to come back into the people's court—in health care at least. MSMW

Noninvasive Assessment of Carotid Artery Disease

DIAGNOSTIC METHODS and therapeutic alternatives for cerebrovascular disease are rapidly evolving. In the past decade we have witnessed a remarkable development of sophisticated noninvasive diagnostic techniques that not only have improved our ability to unobtrusively detect carotid artery disease, but also have permitted improved understanding of the natural history and efficacy of treating carotid atherosclerosis. Improvements in inva-